

**Missouri State Advisory Council on Pain and Symptom Management
December 11, 2007
Department of Health and Senior Services**

Attendees: Deanna Bates, Bruce Harrison, Dan Kelley, Sarah Madden, Lori Ladd, Tricia Schlechte

TOPIC	DISCUSSION	ACTION
Review of September minutes		Dan moved that the minutes of the September meeting be approved. Deanna seconded the motion. Motion carried.
Council Vacancies	Keri Dozier, DHSS Boards and Commission Liaison, continues to work with the Governor's office on appointments. A consumer name has been submitted and a representative is also needed from PHARMA.	Sarah will make contact with PHARMA representatives to help identify potential member from that organization. Tricia will review terms of other Council members as a number are set to expire in 2008.
Nurse Assistant Training Curriculum	Beth Anderson provided documentation on segments of a curriculum that referenced pain as part of interest to determine inclusion of pain assessment/management for all disciplines working with individuals with pain. Council members expressed that language lacked specificity, it is difficult to determine the context of how material is presented and how it is determined that the student met the objectives.	Continue discussion at next meeting.
Statutory Revisions	The deletion of the definitions of 'addict' and 'drug dependent person' in Chapter 195 are included in Senate Bill 732 that has been pre-filed by Senator Champion. SB 732 establishes a drug monitoring program and modifies existing record keeping for controlled substances and pseudoeophedrine products. This bill is part of the Governor's legislative package for DHSS and Senator Champion hopes to have it placed on the calendar early in the session. Sarah commented that the bill is subject to appropriation. It also states that individuals who are identified and have become addicted to substances monitored by the program are to be encouraged to receive addiction treatment. DHSS and DMH are to coordinate in developing and implementing patient intervention and referrals.	The bill can be viewed at: http://www.senate.mo.gov/08info/bts_web/Bill.aspx?SessionType=R&BillID=101 . The DHSS Bureau of Narcotics and Dangerous Drugs will be applying for a \$400,000 implementation grant.

	Professional Registration has proposed revision of the definition for 'intractable pain' to reference only 'pain'.	Tricia will check with Tina Steinman on the status of this proposal.
Joint Statement	Lori asked about the status of the joint pain management statement we are seeking from the Boards of Healing Arts, Nursing and Pharmacy. The Board of Healing Arts indicated they wanted to delay the statement until the statutory revisions under consideration in 2008 are complete.	Tricia will continue to monitor.
Professional Continuing Education Opportunities	<p>The Missouri Pain Initiative (MOPI) is collaborating with the Missouri Osteopathic Physicians and Surgeons (MAOPS) to present case studies at two MAOPS meetings in 2008. This includes a panel discussion with representatives from the Board of Healing Arts, Drug Enforcement Agency, and the Bureau of Narcotics and Dangerous Drugs. The Missouri Academy of Family Practice has also expressed interest in this educational opportunity.</p> <p>MOPI provided three one-day conferences on pain to nursing home staff in the metro St. Louis area early in 2007. The project's final report is attached.</p>	<p>FYI</p> <p>FYI</p>
2008 Meeting Dates	<p>February 28, 2008 1-3 pm</p> <p>June 17, 2008 1-3 pm</p> <p>September 25, 2008 1-3 pm</p> <p>December 16, 2008 1-3 pm</p>	Council will meet in Jefferson City in February with focus of the meeting to set the Council's 2008 agenda. We will alternate in person meetings with conference calls depending on agenda items.
Council Member Reports	<p>Deanna has been asked to serve on a patient and family advisory committee for Missouri Baptist Hospital. Similar groups have been operating at hospitals in other states and are used to discuss and resolve issues. This model could provide the opportunity for discussion of pain management issues.</p> <p>Sarah participates on a National Association of Attorneys General list serve that focuses on end of life issues.</p>	<p>FYI</p> <p>Sarah will forward appropriate items of interest to Council.</p>
Next Meeting	February 28, 2008 1-3 p.m. Jefferson City	Mark your calendar!

Approved: _____
Chair

Date: _____

MOPI PAIN IMPROVEMENT PROJECT FINAL REPORT

INTRODUCTION

The Missouri Pain Initiative received a grant from the Alliance of State Pain Initiatives (ASPI) to provide 3 one-day conferences on pain to nursing home staff in the Metropolitan St. Louis region in 2007. This grant was made possible by the Lance Armstrong Foundation which was distributed through the ASPI. The agendas for the 3 days were set by the ASPI (see attachments). Faculty members were provided by the ASPI to deliver a large portion of the curriculum. Local faculty members were invited to give some of the presentations each day. The faculty members provided by ASPI were June Dahl, PhD and Karen Stevenson, RN, MS. Local faculty members were recruited from Saint Louis University, MOPI and local clinicians. Nina Tumosa, PhD of Saint Louis University was hired to be the local project coordinator.

RECRUITMENT PHASE

A goal of recruiting 10-20 nursing homes for the training was established. A total of 124 nursing homes in 5 counties in Metropolitan St Louis (St Louis City, St Louis, St. Charles, Franklin and Jefferson Counties) were contacted by letters to both the Administrator and the Director of Nursing (DON). The letters explained the program and included a contract to be signed by both the Administrator and the DON. Twenty-four nursing homes expressed interest and spoke with me either by phone or in face-to-face visits. Three nursing homes were recruited at a nursing home administrator's conference at Saint Louis University. Twelve nursing homes returned the signed contract registered. Nursing homes from all five counties were represented in the final training roster.

St Louis City (1)
St Louis County (8)
St. Charles County (2)
Franklin County (1), and
Jefferson County (1)

Before the first conference each nursing home was asked to give a pain assessment to 30 randomly chosen patients as well as their medication lists. This information was given to Karen Stevenson, who then analyzed the data to determine the specific training needs of group. (This exercise was repeated at the end of the program and is to be used as the outcomes assessment for the training.)

CONFERENCE SUMMARY

Date	# of Attendees	# of Nursing homes attending
January 12, 2007	35 Total: 29 nursing home participants, 6 faculty (2 of which were MOPI Board members) and one guest (a pharmaceutical representative)	11
March 2, 2007	30 Total: : 22 nursing home participants, 7 faculty (1 of which were MOPI Board members) and one	8

	guest (a MOPI Board member)	
May 11, 2007	30 Total: : 18 nursing home participants, 8 faculty (3 of which were MOPI Board members) and 4 guests (two of which were MOPI Board members)	6

PROFESSIONS OF PROGRAM PARTICIPANTS (some people are represented more than once)

Professions	Number of Unique Participants
Director of Nursing	7
Assistant Director of Nursing	3
Administrator	1
Nurse (LPN, RM, BSN)	38
Social Workers	4
Physician	1
PhD	3
Physician Assistant	1
Physical Therapist	1
Activities director	2
Certified nursing aide	2
Faculty members	14
Guests	5
Unknown	8

PROGRAM GOAL I	PERFORMANCE MEASURES I
Recruit 10-20 long-term care facilities, home health agencies, or community hospitals to participate in PIP program.	Outcomes: Outcomes: Registered 12 nursing homes for program, with 11 homes attending conference one, 9 attending conference two and 6 attending conference three; 35 participants at the first conference, 30 at both the second and third conferences.

TASK FORCE INVOLVEMENT

Task force members Drs. John Morley and Julie Gammack of Saint Louis University arranged for Des Peres Hospital to provide meeting space, as well as breakfast and lunch for each of the 3 scheduled meetings: January 12, March 2, and May 11, 2007. They also recruited Nina Tumosa, PhD to be the local project coordinator. Because the program took place at a Saint Louis University (SLU) facility, the task force was required to submit the proposal to the SLU Institutional Review Board (IRB). MOPI board member and task force member Ray Tait was instrumental in preparing the IRB application. The SLU IRB ruled that the project was educational and therefore was exempt from IRB monitoring. Dr. Tait also served as a faculty member for the third conference. Two other task force members, MOPI President Rebecca Rengo-Kocher, MA, MSW, LCS and MOPI member Jo Hawkins, RN served as faculty for the conferences. MOPI Executive Director, Ann Corley was a faculty member at the third

conference. One MOPI Board member, Brian Valentine, attended 2 conferences, and one other MOPI Board members, Becky Sudholt, attended the third conference.

The MOPI Board met with the local project coordinator, Nina Tumosa, to discuss recruitment strategies, to provide nursing home contact information, and to offer to call directors of nursing or nursing home administrators that they know to encourage them to participate. Discussion occurred about whether to invite nursing homes outside the 5 county Metropolitan St Louis area. It was decided to send invitations to any nursing homes that a Board member identified as potentially interested. Task force and MOPI Board members communicated with Dr. Tumosa via e-mail throughout the recruitment and training period.

PROGRAM GOAL II	PERFORMANCE MEASURES
Engage task force of Initiative participants to oversee program	<p>Outcomes: Seven MOPI Board members served as faculty or guests at the conferences. All of the Task Force members participated in e-mail conferences throughout the development and recruitment periods. They also assisted in the recruitment of the local project coordinator. Two task force members helped in recruiting university faculty to teach at the conferences and getting free conference space. One member was instrumental in getting IRB approval for the program.</p> <p>Outcomes: Before the grant was received, the Task Force met twice via conference call to work on the grant. After the grant was received, the entire Task Force participated in e-mail consultations with the local project coordinator throughout the recruitment phase of the program.</p>

INTERACTIONS WITH STATE AGENCIES

During the second conference, we had Pamela Clark, a representative from the Missouri Department of Health Standards and Licensure, Department of Health, come to talk with the group about future concerns that the surveyors would be looking at concerning the care of pain in nursing home patients. Before her talk, Ms. Clark expressed some concern to the local project coordinator about the usefulness of her presentation. The talk was very well received. Ms. Clark answered several of the participants' questions and then spoke privately with the participants from the NHC nursing homes (3 of the participating nursing homes) about some concerns they had about an on-going pain management problem. After her talk, Ms. Clark indicated to the local project coordinator that she was pleased that she had attended and she felt she had learned as much as she had taught.

PROGRAM GOAL III	PERFORMANCE MEASURES
Form collaborative relationship with state agency responsible for facility	Outcome: For the second conference, we had Pamela Clark, training technician from the

licensure	<p>Office of Planning and Development, Missouri Department of Health and Senior Services (DHSS) come to talk with the group about future concerns that the surveyors would be looking at concerning the care of pain in nursing home patients. Ms. Clark has communicated with Ann Corley and has indicated that she appreciated the opportunity to learn more about upcoming Medicare pain regulations when she was preparing to give the presentation.</p> <p>Outcome: As a result of the partnership with and inclusion of DHSS in this project (including their participation on the task force) the DHSS Section for Long-Term Care has subsequently joined MOPI as a member.</p>
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COLLABORATIVE RELATIONSHIPS WITH NON-STATE AGENCIES CONCERNED WITH PAIN MANAGEMENT

The second conference scheduled four speakers who talked about non-pharmacological approaches to pain management. The group had been surveyed at the end of the first conference to determine which types of non-pharmacological approaches they would like to hear about the next time. The MOPI Board was then instrumental in finding four speakers who could speak on those topics. A total of eight people were approached and four were recruited as speakers.

All of the speakers at the second conference were nurses. Two were women who still provide nursing care and who do non-pharmacological interventions on their hospital-based patients; one was an independent business woman who ran classes on her topic; one was a nurse educator who provides educational programming for nursing home staff. Their presentations included lectures and demonstration about touch therapy (Reiki), aromatherapy, massage therapy, and memory boxes that are customized to the particular patient.

At the end of the second conference, the group decided that they also wanted to hear from a physical therapist to see what kind of non-pharmacological services could be provided by therapy in pain management. A physical therapist was recruited from Saint Louis University to speak at the third conference. She gave a lecture on the strengths and limitations of physical therapy. She also gave guidelines on what to ask the physician to prescribe for the patient and how to do that.

PROGRAM GOAL IV	PERFORMANCE MEASURES
Form collaborative relationships with other organizations/individuals with shared interests.	Outcome: One of the nursing homes, National Health Care (NHC) sent participants from three of its sites to this program. These participants treated this training as a train-the-trainer exercise and repeated the training at 19 other sister nursing homes throughout Missouri and Kansas.

	<p>Outcome: We recruited five practitioners of non-pharmacologic and complementary therapies, four that presented at the second educational meetings and one that presented at the third meeting. They presented information on touch therapy, massage therapy, aromatherapy, memory boxes and physical therapy.</p>
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BUDGET

This series of conferences was supported by a grant awarded to MOPI by Alliance of State Pain Initiatives (ASPI). The grant monies came from the Lance Armstrong Foundation. Each nursing home was charged \$500 to pay for the training, regardless of the number of sessions attended or the number of persons sent. In addition, meeting space, food (breakfast and lunch), and the use of audiovisual equipment (approximate value: \$5000) were donated by Des Peres Hospital at the request of Task Force members.

PROGRAM GOAL V	PERFORMANCE MEASURES
Develop sources of support for PIP program beyond contract award to ensure successful completion of program.	<p>Outcome: Des Peres Hospital donated meeting space, food (breakfast and lunch) and audio visual equipment and expertise for all three conferences. The estimated savings to the project for these donations is estimated to be \$5,000.</p>

BARRIERS AND OPPORTUNITIES:

Several barriers to developing, and therefore repeating, the program were noted.

Barriers to recruitment included:

Nursing homes suffer from frequent turnover of staff

At year end, many administrators and directors of nursing change jobs

Few independent nursing homes have an educational budget that allows for off-site training

Barriers to attendance of the training included:

Weather

Personnel coverage problems

Unannounced State inspections

Unannounced JCAHO inspections

Opportunities

There is a need

No one else seems to be fulfilling that need

When MOPI offers more training in pain management, it will be necessary to work with the state and federal surveyors to ensure that no state surveys will take place at the participating sites

during the training periods. Also, training should not be spread out for so long: it probably should be completed within 45 days.

PROGRAM GOAL VI	PERFORMANCE MEASURES
Sustain the efforts of the Initiative after the project is completed	<p>Outcome: Challenges and opportunities:</p> <p>Barriers to recruitment:</p> <ul style="list-style-type: none"> Frequent turnover of staff Year end turnover of both administrators and directors of nursing Small educational budgets <p>Barriers to attendance included:</p> <ul style="list-style-type: none"> Weather Personnel coverage problems Unannounced State inspections Unannounced JCAHO inspections <p>Opportunities</p> <ul style="list-style-type: none"> There is a need No one else seems to be fulfilling that need <p>When MOPI offers more training in pain management, it will be necessary to work with the state and federal surveyors to ensure that no state surveys will take place at the participating sites during the training periods. Also, training should not be spread out for so long: it probably should be completed within 45 days.</p>

EVALUATIONS

Each conference was evaluated by the participants (see attached summaries). In all cases, the participants rated the training high. There was general agreement among the attendees that the training was worth having. No conclusions can be made about the opinions of the absent participants.

FINAL PRESENTATIONS

The 6 nursing homes that attended the final conference (May 2, 2007) presented progress reports on addressing pain in their patients. Several examples of how they had implemented the information they had received in order to address pain improvement were shown. The methods included:

- A song,
- A scrap book,
- Stop-the-Pain buttons,

A poster on assessment of dental pain,
A pain-free campaign that includes families in pain monitoring, and
A basket containing non-pharmacological, pain treatments that included scents, heat and cold packs, and music.

In summary:

PROGRAM GOAL	PERFORMANCE MEASURES
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Engage task force of Initiative participants to oversee program	<p>Outcomes: Seven MOPI Board members served as faculty or guests at the conferences. All of the Task Force members participated in e-mail conferences throughout the development and recruitment periods. They also assisted in the recruitment of the local project coordinator. Two task force members helped in recruiting university faculty to teach at the conferences and getting free conference space. One member was instrumental in getting IRB approval for the program.</p> <p>Outcomes: Before the grant was received, the Task Force met twice via conference call to work on the grant. After the grant was received, the entire Task Force participated in e-mail consultations with the local project coordinator throughout the recruitment phase of the program.</p>
Form collaborative relationship with state agency responsible for facility licensure	<p>Outcome: For the second conference, we had Pamela Clark, training technician from the Office of Planning and Development, Missouri Department of Health and Senior Services (DHSS) come to talk with the group about future concerns that the surveyors would be looking at concerning the care of pain in nursing home patients. Ms. Clark has communicated with Ann Corley and has indicated that she appreciated the opportunity to learn more about upcoming Medicare pain regulations when she was preparing to give the presentation.</p> <p>Outcome: As a result of the partnership with and inclusion of DHSS in this project (including their participation on the task force) the DHSS Section for Long-Term Care has subsequently joined MOPI as a member.</p>
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shared interests.	<p>of its sites to this program. These participants treated this training as a train-the-trainer exercise and repeated the training at 19 other sister nursing homes throughout Missouri and Kansas.</p> <p>Outcome: We recruited five practitioners of non-pharmacologic and complementary therapies, four that presented at the second educational meetings and one that presented at the third meeting. They presented information on touch therapy, massage therapy, aromatherapy, memory boxes and physical therapy.</p>
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Sustain the efforts of the Initiative after the project is completed	<p>Outcome: Challenges and opportunities:</p> <p>Several barriers to developing, and therefore repeating, the program were noted:</p> <p>Barriers to recruitment included:</p> <ul style="list-style-type: none"> Nursing homes suffer from frequent turnover of staff At year end, both administrators and directors of nursing change Few independent nursing homes have an education la budget that allows for off-site training <p>Barriers to attendance of the training included:</p> <ul style="list-style-type: none"> Weather Personnel coverage problems Unannounced State inspections Unannounced JCAHO inspections <p>Opportunities</p> <ul style="list-style-type: none"> There is a need No one else is fulfilling that need <p>When MOPI offers more training in pain management, it will be necessary to work with the state and federal surveyors to ensure that no state surveys will take place at the participating sites during the training periods. Also, training should not be spread out for so long: it probably should be completed within 45 days.</p>

